



# Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Elizabeth Lopez, Administrator

*Signature*

IM Number: SPD-IM-03-106

Date: November 5, 2003

**Subject:** Systems Support for General Assistance Cash, General Assistance Medical, and OSIPM Presumptive Medical Programs

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                       | <input type="checkbox"/> County DD Program Managers                      |
| <input checked="" type="checkbox"/> Area Agencies on Aging       | <input type="checkbox"/> County Mental Health Directors                  |
| <input checked="" type="checkbox"/> Children Adults and Families | <input type="checkbox"/> Health Services                                 |
| <input checked="" type="checkbox"/> Community Human Services     | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____           |  |

**Message:** The attached document describes the systems support for the General Assistance Cash (GAC), General Assistance Medical (GAM), and OSIPM Presumptive Medical programs. Please share this information with staff responsible for the computer coding associated with the GAC, GAM, and OSIP Presumptive programs.

The Policy and Procedures were previously released to the field. The following is a list of reference material located at <http://www.dhs.state.or.us/policy/spd/transmit.htm>

Information Memoranda (IM) SPD-IM-03-097 / SPD-IM-03-103 / SPD-IM-03-104 / SPD-IM-03-105

Policy Transmittals (PT) SPD-PT-03-041

Action Requests (AR) SPD-AR-03-037 / SPD-AR-03-039

GA Program Manual located at <http://www.dhs.state.or.us/spd/tools/program/ga/e.htm>

***For Systems Problems, contact:***

Contact(s):	DHS Helpdesk		
Phone:	503-945-5623	Fax:	
E-mail:	DHR.helpdesk@state.or.us		

***For Computer Issues, contact:***

Contact(s):	Katherine Allen		
Phone:	503-945-5745	Fax:	503-947-5357
E-mail:	Katherine.M.Allen@state.or.us		

***For Policy Questions, contact:***

Contact(s):	Karl Bien		
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## Coding General Assistance and OSIP Presumptive Medical

Significant Changes have been made to the way that the \_5 (blank 5) program code works. Originally this code was for General Assistance Cash accompanied by medical. With the closure of General Assistance and the expansion of the OSIP Presumptive Medical activity the program code was used for that population. Now that General Assistance Cash and Medical have been restored the \_5 program code will be used for GA cash, GA medical, and OSIP presumptive medical.

To choose the correct standards and deductions the system needs seven pieces of information:

- 1) Basis of Need
- 2) Status of the OSIP Presumptive Medical Application
- 3) Cash Program Status
- 4) Medical Program
- 5) Composition of the Need Group for General Assistance Cash
- 6) Composition of the Need Group for Medical
- 7) Service Category or Non-service code

These seven items result in an exploding number of possibilities. See the *WG-4 Interactions Between GA and Presumptive Medicaid* on the SPD tools web site for examples.

### ***Basis of Need***

As stated above, \_5 cases now require that staff indicate the basis of need. Edits have been built into the system to require one of the valid basis of need case descriptors on all ADs on a \_5 case. Essentially, this tells the computer whether the recipient was found to meet the OSIP or GA disability criteria based on disability or blindness. The computer uses this information to determine what standard to use and how to calculate earned income deductions. The valid case descriptors for basis of need are:

- PGD = OSIP Presumptive Medical or General Assistance Based on Disability
- PGB = OSIP Presumptive Medical or General Assistance Based on Blindness

### ***Status of the OSIP Presumptive Medical Application***

The OSIP Presumptive Medical Application status case descriptors indicate the status of the OSIP Presumptive Medical Application. Edits have been built into the system to require one of the valid OSIP Presumptive status codes on all ADs

on a \_5 case. The valid case descriptors for the status of the OSIP Presumptive Medical Application are:

PMP = OSIP Presumptive Medical Application Decision Pending

PMD = OSIP Presumptive Medical Application Denied

PMA = OSIP Presumptive Medical Application Approved

### ***Cash Program Status***

The Cash Program Status codes indicate whether the client is eligible for and has elected to receive a General Assistance Cash payment, or not. Edits have been built into the system to require workers to code all \_5 cases as either No Cash Pay (NCP) or General Assistance Cash (GAC). The valid case descriptors for the cash program status are:

NCP = No Cash Pay - Client is either not eligible for a General Assistance cash payment, or has elected not to receive GA cash.

GAC = GA Cash - Client is eligible for and has elected to receive a General Assistance cash payment.

### ***Medical Program***

The medical program case descriptor is used to indicate which medical program each AD on the case is eligible to receive. All ADs on the \_5 case must have one of the medical program case descriptors. The valid Medical Program case descriptors for \_5 are:

OSP = OSIP Presumptive Medical

GAM = General Assistance Medical.

### ***Composition of the Need Group for General Assistance Cash:***

In order to determine what eligibility and benefit standards to use, the system must know who is in the need group for General Assistance Cash. To determine the number in the need group for GA cash, the system will add the following:

- 1) The number of AD in-gnts on the case
- 2) The number of NO in-gnts with an NGM case descriptor.

The NGM case descriptor must be added to any person on the case who has a NO in-grnt, but is to be included in the GA cash need group.

### ***Composition of the Need Group for General Assistance Medical and/or OSIP Presumptive Medical***

If a \_5 case has some members who are General Assistance Medical (GAM) eligible, staff should code the number in the need group in the Med prg/# field on UCMS. The medical program type code for General Assistance Medical is GAM.

If a \_5 case has some members who are OSIP Presumptive Medical eligible, staff should code the number in the need group in the Med prg/# field on UCMS. The medical program type code for OSIP Presumptive Medical is OSP.

Remember: This is the need group, not the benefit group. The need group for a \_5 case is usually the client and the spouse (02).

***Service Category or Non-Service Code***

\_5 cases must carry a case descriptor which indicates whether the case is a Service or Non-Service case. This is not a change, but rather continues to be required on \_5 cases. Following is a complete list of service category codes. Not all of the codes are valid on \_5 cases (the children's codes for example). If a case is not receiving services use the NSS - no services code.

The valid Service Category case descriptors are:

APD	Aged and Physically Disabled Home and Community Based Care 1915C Nursing Facility Waiver
BPA -	Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Aged or Physically Disabled
BPC -	Basic Plan Services paid under the CMS State Plan Personal Care Services for children served by the Medically Fragile Children's Unit
BPD -	Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are Developmentally Disabled
BPM -	Basic Plan Services paid under the CMS State Plan Personal Care Services for people who are under a Mental Health Service Plan (provides in-home and residential)
BPO -	Basic Plan Services paid under the CMS State Plan Person Care Services for clients under the Oregon Health Plan (new eligibles i.e. OHP2)
BPR -	Basic Plan Services for individual who are at temporary risk of Nursing Facility Placement and who do not meet the requirements of any of the Home and Community Based Care waivers.
DDB -	In-Home Supports, Children's Behavioral Home and Community Based Care 1915C ICF-MR Model Waiver
DDC -	Developmental Disabilities Comprehensive Home and Community Based Care 1915C ICF-MR Waiver
DDG -	Developmental Disabilities In-Home Supports/Residential Care, General Fund
DDS -	Developmental Disabilities In-Home Supports Home and Community Based Care 1915C ICF-MR Waiver
ICP -	Independent Choices Home and Community Based Care 1115 Nursing Facility Waiver
IMR -	Intermediate Care Facility for Persons with Mental Retardation and Related Conditions (ICF-MR)
MFN -	Medically Fragile Children; receiving Non-Waivered services
MFW -	Medically Fragile Children; Home and Community Based Care 1915C Hospital Model Waiver
NFC -	Nursing Facility Care (custodial and skilled nursing care) or long term hospital care (more than one month)
OPI -	Oregon Project Independence In-Home Services
PAC -	PACE program of all inclusive care, 1115 waiver
PTC -	Psychiatric Treatment Center
SPH -	Spousal Pay In-Home Services

